

Restaurant Kitchen Hygiene Audit Report

Date: _____ Time: _____ Auditor Name: _____

General Information

Restaurant
Name: _____

Manager on
Duty: _____

Location: _____

Kitchen Hygiene Checklist

Item	Compliant	Non-Compliant	N/A	Comments
Hand washing facilities available and clean				
Staff wearing clean uniforms and hairnets				
All surfaces clean and sanitized				
Equipment (knives, boards) properly sanitized				
Dry and refrigerated food storage organized				
No evidence of pests				
Proper waste disposal procedures				
Utensils and dishes stored correctly				
Temperature logs maintained				
First aid kit accessible				

Observations & Recommendations

Auditor Signature

Manager Signature